BEST AVAILABLE COPY													
	PATENT A	PPLICATIO Effect		Application or Docket Number									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL E		
TOTAL CLAIMS			17		(V)			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	ОЯ	Basic fee	710.00	
TOTAL CHARGEABLE CLAIMS,			/7 minus 20=		· A			X\$ 9=		ОЯ	X\$18=		
INDEPENDENT CLAIMS			) minus 3 =		·	A		X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
• 11	the difference	in column 1 is	less than ze	ro, ente	r <b>"0"</b> in c	olumn 2	L	TOTAL		OR	TOTAL	710	ĺ
1-7-15 CLAIMS AS AMENDED - PART II									ENTITY	OR	OTHER SMALL E		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	7.	The second second		PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 11:	Minus	20		-		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	12	7	·/		X40=		OR	X80=		
4	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM		1	+135=		OR	+270=		ĺ
							L	TOTAL	<del>.</del>	OR	TOTAL ADDIT, FEE		
7-5-05 (Calumn 1) (Cotumn 2) (Calumn 3)										•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUA PREVI	HESY ABER HOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	- 6	20	- /		X\$ 9=		OR	X\$18=		l
	independent	. 2	Minus		3	= /	11	X40=		OR	X80=		ĺ
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	_	١
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		İ
S-405 (Column 1) (Column 2) (Column 3)											10011.101		l
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIO NUI PREV	HEST WBER HOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	. 19	Minus	2		-		X\$ 9•		OR	X\$18=		١
MEN	Independent	. 3	Minus		3	=/		X40=		OR	X80=		1
١١٩	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM				<del>                                     </del>	1			1

If the entry in column 1 is jess than the entry in column 2, write "0" in column 3.

"If the Toghest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The Toghest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Toghest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-475 (Ray, 600)

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